MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

<u>.</u>	863-03678	5
_	STATE FILE NUMBE	R

No. 2007 No. 20	DO NOT WRITE	.rt i M	ame		PUBI		istration District No	174	mary Registr	ation Distr	rict No. 303	5 Registrar's l	يَع	3	STATE FI	LE NUMB	ER
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Which gave rise to above cause (a), stating the underlying cause last. STATE		낊우			ğ				. 0.	. 1		- "aa. la				7	
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REMOVAL (Specify) Burial 10-1-63 Machpelah Cemetery Lexington, Mo. 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. Date RECD. By LOCAL REG. 26. REGISTRAR'S SIGNATURE	-	Ľ	$oxed{oxed}$		₹	234	BURIAL, CREMATION.	23b. DATE	23c. I	AME OF					vn, or county)	(State)
DUL' LOLL 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		g			ë	254		10-1-63	M≤	achne	lah Cemet	terv ·	Lexi	igton. I	Mo.		
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	-	L	\perp				Burial	10→1-63	Ma		cemetery or cre lah Cemet	MATORY tery	Lexiz	rion (City, tov 1gton, I	Mo.		(State)

STATEMENT BY LICENSED EMBALMER

or by2	, Student Embalmer No
working under my personal supervision.	$A \cap A$
Student	Signed Javal L. Worker
Signature of Student Embalmer	
	Licensed Embalmer No. 4588
mane and a second of the secon	P. O. Address Lewyton 1 m
Note: The shove MUST RE SIGNED RY THE I	ICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.